

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 14, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: Imperial Valley Regional Occupational Program		Organizational Unit: Department:	
Organizational DUNS: 067652268		Division:	
Address: Street: 687 State Street City: El Centro County: Imperial State: California Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary Middle Name: N. Last Name: Camacho Suffix:	
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2133310		Email: mcamacho@lvrop.org Phone Number (give area code): 760-482-2668 or 2644 Fax Number (give area code): 760-482-2751	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) H. Independent School District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17-802 TITLE (Name of Program): Veterans' Employment and Training Service		9. NAME OF FEDERAL AGENCY: Department of Labor	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project Network Education Training Veterans Employment Trade Technology Security (NETT VETTS)	
13. PROPOSED PROJECT Start Date: 07/01/2004 Ending Date: 06/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52nd b. Project 52nd	
15. ESTIMATED FUNDING: a. Federal \$ 150,000 b. Applicant \$ 60,169 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 210,169		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: First Name: Mary Middle Name: N. Last Name: Camacho Suffix:			
b. Title: Superintendent c. Telephone Number (give area code): (760) 482-2666 or 2644			
d. Signature of Authorized Representative: Mary N. Camacho e. Date Signed: May 14, 2004			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

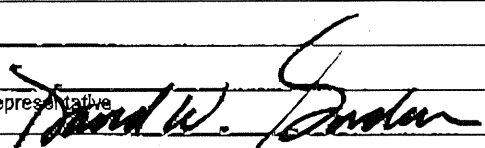
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 7, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: California Human Development Corporation		Organizational Unit: Department: Migrant & Seasonal Farmworker Program															
Organizational DUNS: 060-11-7272		Division:															
Address: Street: 3315 Airway Drive City: Santa Rosa County: Sonoma State: California Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Christopher Middle Name: Last Name: Paige Suffix: Email: chris.paige@chdcorp.org															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1653023		Phone Number (give area code): (707) 521-4726 Fax Number (give area code): (707) 523-3776															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Community-based Organization Other (specify):															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17-247 TITLE (Name of Program): National Farmworker Jobs Program, WIA Title I, Section 167		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: National Farmworker Jobs Program in Northern California															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 31 contiguous counties of Northern California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1 b. Project 1, 2, 3, 4, 5, 6, 7, 10 and 11															
13. PROPOSED PROJECT Start Date: 7/1/2004 Ending Date: 6/30/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/7/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 3,649,176.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 3,649,176.00</td> </tr> </table>		a. Federal	\$ 3,649,176.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 3,649,176.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 3,649,176.00																
b. Applicant	\$.00																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 3,649,176.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Authorized Representative Prefix: Mr. First Name: Christopher Middle Name: Last Name: Paige Suffix: b. Title: Interim President/CEO c. Telephone Number (give area code): (707) 521-4726 d. Signature of Authorized Representative:  e. Date Signed: 5/7/2004																	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/17/2004	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Elk Grove Unified School District	Organizational Unit: Department: Elk Grove Unified School District Police Services
Organizational DUNS: 013617204	Division:
Address: Street: 9510 Elk Grove-Florin Road	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Elk Grove	Prefix: Mr.
County: Sacramento	First Name: Tom
State: CA	Middle Name:
Country: United States	Last Name: Jenkins
Zip Code: 95624	Suffix:
Employer Identification Number (EIN): 94-8002501	Phone Number (give area code): 916-886-7786
Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	Fax Number (give area code): 916-689-3804
Catalog of Federal Domestic Assistance Number: 16-710 TITLE (Name of Program): Public Safety and Community Policing Grants	Type of Applicant: (See back of form for Application Types) H. Independent School District Other (specify)
Areas Affected by Project (Cities, Counties, States, etc.): Elk Grove Unified School District	Name of Federal Agency: United States Department of Justice
Proposed Project: Start Date: 10/01/2004 Ending Date: 09/30/2007	Descriptive Title of Applicant's Project: Elk Grove COPS in Schools Pleasant Grove Region
Estimated Funding:	Congressional Districts of:
a. Federal \$ 125,000	a. Applicant 5
b. Applicant \$ 118,487	b. Project 5
c. State \$	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 243,487	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/17/2004	
b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: Mr.	First Name: David
Last Name: Gordon	Middle Name: W.
b. Title: Superintendent	Suffix:
d. Signature of Authorized Representative: 	c. Telephone Number (give area code): 916-886-7700
	e. Date Signed: 5/11/04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 14, 2004		Applicant Identifier R9 Tracking #: 04-282	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Los Angeles, Bureau of Sanitation			Organizational Unit: Department: Department of Public Works		
Organizational DUNS: 09-966-9066			Division: Regulatory Affairs Division		
Address: Street: 433 South Spring Street, 5th Floor, Mail Stop 544-01			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: N/A First Name: Donna Middle Name: N/A Last Name: Toy-Chen Suffix: N/A Email: dchen@san.lacity.org		
City: Los Angeles			Phone Number (give area code): (213) 473-8587		
County: Los Angeles			Fax Number (give area code): (213) 473-8544		
State: California Zip Code: 90013					
Country: USA					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000735					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) N/A			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify) N/A		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463			9. NAME OF FEDERAL AGENCY: U.S EPA, Region IX - Cindy Lin		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County and a small unincorporated section of east Ventura County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Los Angeles River Watershed Stakeholder-Led TMDL Report Development and Water Quality Standards Studies" Water Quality Cooperative Agreement - NPDES Related State Program Grants - CWA Section 104b(d)		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: December 31, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 34 b. Project 24-39, 46		
15. ESTIMATED FUNDING: a. Federal \$ 150,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 150,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 13, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix N/A First Name Rita Middle Name L. Last Name Robinson Suffix N/A b. Title Director, Bureau of Sanitation c. Telephone Number (give area code) (213) 473-7899 d. Signature of Authorized Representative e. Date Signed 5/11/04					

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Post-it® Fax Note	7671	Date	5/13/04	# of pages	1
To	Clearing House	From	Joan Huang		
Co./Dept.		Co.	City of LA / BOS		
Phone #		Phone #	213-473-8062		
Fax #	916-323-3018	Fax #			

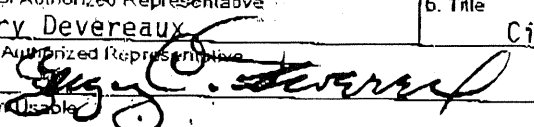
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/07/2004	Applicant Identifier CA02400
		3. DATE RECEIVED BY STATE []	State Application Identifier []
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY []	Federal Identifier []

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: Merced County		Department: Merced County Sheriff's Dept	
* Organizational DUNS: 078767951		Division: []	
Address: * Street1: 2222 M. Street Street2: [] * City: Merced * State: CA * Zip Code: 95340 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Miss * First Name: Emma Middle Name: [] * Last Name: Merino Suffix: [] Email: 5718@co.merced.ca.us	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000560		* Phone Number (give area code) 209-385-7615 Fax Number (give area code) 209 385-7696	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []		7. * TYPE OF APPLICANT: County Government Other (specify): []	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.710 TITLE: Public Safety Partnership and Community Policing Grants		9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unified County School District		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: School Resource Officer to be assigned to Delhi Unified School District. Number of students over 2700, Size of School Campus 68 acres. Population 10,000. High crime area, meth and gang concerns.	
13. * PROPOSED PROJECT: * Start Date 11/30/2004 * Ending Date 11/30/2008		14. * CONGRESSIONAL DISTRICTS * a. Applicant 15 * b. Project 15	
15. * ESTIMATED FUNDING: * a. Federal \$ 125,000.00 * b. Applicant \$ 200,015.00 * c. State \$ 0 * d. Local \$ 0 * e. Other \$ 0 * f. Program Income \$ 0 g. TOTAL \$ 325,015.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/17/2004 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: Miss * First Name: Deldre Middle Name: F * Last Name: Kelsey Suffix: [] * b. Title: Chair, Merced County Board of Supervisors * c. Telephone Number (give area code): 209-385-7615 * Email: 5718@co.merced.ca.us Fax Number (give area code): 209-385-7696			
d. Signature of Authorized Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 13, 2004 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY																													
		Applicant Identifier State Application Identifier Federal Identifier																													
5. APPLICANT INFORMATION Legal Name: <u>City of Ontario</u> Address (give city, county, State, and zip code): <u>303 East B Street</u> <u>Ontario, CA 91761</u> <u>San Bernardino County</u> Organizational Unit: <u>Ontario Police Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Chief Jim Doyle (909) 395-2717</u>																															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>95-6000755</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> A. New <input type="checkbox"/> B. Continuation <input type="checkbox"/> C. Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: <u>U.S. Department of Justice, Office of Community Oriented Policing Services</u>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Public Safety Partnership and Community Policing Grant</u> <u>16-710</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Law Enforcement/School Partnership to Enhance Security On-Campus During After-School Events</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Ontario, San Bernardino County</u> <u>State of California</u>																															
13. PROPOSED PROJECT Start Date: _____ Ending Date: _____		14. CONGRESSIONAL DISTRICTS OF: <u>43rd</u>																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">35,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>35,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>103,439</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>138,439</td> <td>00</td> </tr> </table>		a. Federal	\$	35,000	00	b. Applicant	\$	35,000	00	c. State	\$	103,439	00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	138,439	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/12/2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	35,000	00																												
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a. Type Name of Authorized Representative <u>Gregory Devereaux</u>		b. Title <u>City Manager</u>																													
c. Telephone Number <u>(909) 395-2380</u>		d. Signature of Authorized Representative 																													
e. Date Signed <u>5/11/04</u>		Previous Edition (Useable) Authorized for Local Reproduction																													

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking #04-240
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Colorado River Basin Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Jose Luis Angel (760) 346-8932	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.463 Title: Water Quality Cooperative Agreements		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) New River area of California		11. Descriptive Title of Applicant's Project: Development and adoption of Total Maximum Daily Loads (TMDL) for volatile organic compounds (VOCs) in the New River for cleanup purposes. The New River is on California's CWA Section 303(d) list as water quality impaired.	
13. Proposed Project: Start Date 7/1/04 End Date 6/30/05		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$150,000 b. Applicant \$0 c. State \$57,100 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$207,100		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 13, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier R9 Tracking #04-317
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Central Coast Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Lisa McCann (805) 549-3132	
10. Catalog of Federal Domestic Assistance Number: 66.463 Title: Water Quality Cooperative Agreements		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California's Central Coast Region		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date: 7/1/04 End Date: 6/30/05		11. Descriptive Title of Applicant's Project: To perform investigation, documentation, communication and proposal of a Sediment TMDL and Implementation Plan for the Pajaro River Watershed. This project will address four sediment listings on California's 2002 303(d) List of Impaired Waters.	
15. ESTIMATED FUNDING: a. Federal \$70,000 b. Applicant \$0 c. State \$25,000 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$95,000		14. Congressional District of: Applicant: 3 Project: California - All	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 13, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/12/2004	Applicant Identifier _____
3. DATE RECEIVED BY STATE 05/17/2004		State Application Identifier _____	
4. DATE RECEIVED BY FEDERAL AGENCY _____		Federal Identifier _____	

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: City of San Rafael		Department: Police	
* Organizational DUNS: 0824474590000		Division: _____	
Address: * Street1: P.O. Box 151580 Street2: 1400 Fifth Avenue * City: San Rafael County: Marin * State: CA * Zip Code: 94915-1788 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ * First Name: Lynne Middle Name: Elisabeth * Last Name: Ohlson Suffix: _____ * Email: lynne.ohlson@srpd.org * Phone Number (give area code): 415-458-5301 Fax Number (give area code): 415-485-3000	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000424		7. * TYPE OF APPLICANT: City or Township Government Other (specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.710 TITLE: Public Safety Partnership and Community Policing Grants		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The San Rafael Police Department will hire two entry level officers into the Patrol, freeing two veteran officers to work as School Resource Officers in the middle and high schools.	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Rafael, CA			
13. * PROPOSED PROJECT: * Start Date: 07/01/2004 * Ending Date: 06/30/2007		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 6 * b. Project: 6	
15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/17/2004 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* a. Federal \$ 250,000.00 * b. Applicant \$ 418,700.00 * c. State \$ 126,544.00 * d. Local \$ 0.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$ 785,244.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: _____ * First Name: Lynne Middle Name: Elisabeth * Last Name: Ohlson Suffix: _____ * b. Title: Management Analyst * c. Telephone Number (give area code): 415-458-5301 * Email: lynne.ohlson@srpd.org Fax Number (give area code): 415-485-3043			
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov	

Standard Form 424

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-90-Y296	
5. APPLICANT INFORMATION			
Legal Name: Antelope Valley Transit Authority		Organizational Unit:	
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534		Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119		7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula 20-507 Grants (Urban Area Formula Program)		9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital assistance for the purchase of 11 replacement commuter coaches, the purchase of two expansion commuter coaches, and additional funding for the construction of Mentz ops facility.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 2-02	Ending Date 9-04	a. Applicant 25	b. Project 25
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,446,001	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 1,361,501	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 6,807,502		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ronald D. Cunningham		b. Title Finance Manager	c. Telephone Number 661-726-2616 Ext 209
d. Signature of Authorized Representative Ronald D. Cunningham		e. Date Signed 5-12-04	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/12/2004		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Youth Policy Institute (YPI)			Organizational Unit: Department:		
Organizational DUNS: 022319342			Division:		
Address: Street: 634 South Spring St. Suite 818			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles			Prefix: Mr. First Name: Dixon		
County: Los Angeles			Middle Name		
State: CA Zip Code: 90041 2 2004			Last Name Slingerland		
Country: United States			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-0000000			Email: dslingerland@ypiusa.org		
7. TYPE OF APPLICANT: (See back of form for Application Types) 0			Phone Number (give area code) 213-688-2802		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Fax Number (give area code) 213-688-2942		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 04-103			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Valley Faith-Based and Community Initiative		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-34 b. Project CA-28		
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 100,000 .00 b. Applicant \$ 22,500 .00 c. State \$.00 d. Local \$ 43,418 .00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 165,918 .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Dixon Middle Name			Last Name Slingerland Suffix		
b. Title Director			c. Telephone Number (give area code) 213-688-2802		
d. Signature of Authorized Representative			e. Date Signed 5/12/2004		

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Prescribed by OMB Circular A-102

**Application for
Federal Assistance**
**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application☐ Preapplication

2. Date Submitted 05/13/2004	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number B-04-MC-06-0033
	6. Applicant Identification Number

7. Applicant's Legal Name City of Redding	8. Organizational Unit Local Government
9. Address (give city, county, State, and zip code) A. Address: 777 Cypress Avenue B. City: Redding C. County: Shasta D. State: CA E. Zip Code: 96001	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Don Meek B. Title: Housing Program Supervisor C. Phone: (530)225-4121 D. Fax: (530)245-7160 E. E-mail: dmeek@ci.redding.ca.us
11. Employer Identification Number (EIN) or SSN 94-6000401	12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) C
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: HOME Investment Partnership Program Component Title: 14 -- 218	16. Descriptive Title of Applicant's Program 2004 CDBG Program includes Housing Rehabilitation, Public Service Activities, ADA Improvements, and Public Facilities and Improvements.
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Redding	
18a. Proposed Program start date 7/1/04	18b. Proposed Program end date 6/30/05
19a. Congressional Districts of Applicant	19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/12/04 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.	
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.	

RECEIVED

MAY 12 2004

STATE CLEARING HOUSE

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	1,006,000.00	0.00	0.00	0.00	0.00	0.00	0.00	300,000.00	1,306,000.00
Prior Year \$	26,124.00								26,124.00
									0.00
									0.00
									0.00
Grand Totals	1,032,124.00	0.00	0.00	0.00	0.00	0.00	0.00	300,000.00	1,332,124.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Michael Warren

Title

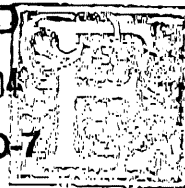
City Manager

Date (mm/dd/yyyy) 05/10/2004

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04-07-04	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Twenty-Nine Palms Band of Mission Indians		Organizational Unit: Department: Tribal EPA	
Organizational DUNS: 12-948-6523		Division:	
Address: Street: 48-200 Harrison Place		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Coachella		Prefix: Dr.	First Name: Marshall
Country: Riverside		Middle Name: K.	
State: CA		Last Name: Cheung	
Zip Code: 92236		Suffix: Ph.D.	
Country: U.S.A.		Email: tribal-epa@worldnet.att.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-1175797		Phone Number (give area code) 760-398-6767	Fax Number (give area code) 760-398-0046
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) K Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463		9. NAME OF FEDERAL AGENCY: U.S. EPA	
TITLE (Name of Program): Water Pollution Control Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Twenty-Nine Palms Band of Mission Indians EPA CWA §104(b)(3) Grant Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County, City of Coachella, 29 Palms Indian Reservation		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44 b. Project 44	
13. PROPOSED PROJECT Start Date: 07-01-04 Ending Date: 06-30-05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/6/04 b. NO PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 85,000 b. Applicant \$ 0 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 85,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Dean	Middle Name	
Last Name Mike		Suffix	
b. Title Tribal Chairman		c. Telephone Number (give area code) 760-863-2444	
d. Signature of Authorized Representative		e. Date Signed 04-07-04	

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GMO, PMD-7

20048

Federal Register / Vol. 69, No. 73 / Thursday, April 15, 2004 / Notices

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0048

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED 5-13-04	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Lutheran Social Services So. Cal		Organizational Unit: Los Angeles County North	
Address (give city, county, State, and zip code): 1501 Orangethorpe Ave. #250 Fullerton, CA 92831		Name and telephone number of person to be contacted on matters involving this application (give area code): Claire O'Garro 818-9012824	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-21225798		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): MAY 11 2004		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit Org.</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: STATE CLEARING HOUSE TITLE: VWIP Suppl. Grants		9. NAME OF FEDERAL AGENCY: Dept. of Labor - VETS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Veterans Employment and Training Program	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: 25, 27, 28		
Start Date 6-30-04	Ending Date 6-29-05	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12872 PROCESS?	
a. Federal	\$ 82,544	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12872 PROCESS FOR REVIEW ON: DATE 5-13-04	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12872 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 82,544		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Loyal H. Sharp		b. Title Chief Financial Officer	c. Telephone Number 714-626-1800
d. Signature of Authorized Representative		e. Date Signed	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: City of Fresno

Department: Police Department

* Organizational DUNS: 071887855

Division:

Address:

* Street1: 2800 Fresno Street

Street2:

* City: Fresno

County

* State: CA

* Zip Code: 93721

* Country

USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms.

* First Name: Judy

Middle Name:

* Last Name: Garcia

Suffix:

Email: judy.garcia@ci.fresno.ca.us

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000338

* Phone Number (give area code)

559 621-2053

Fax Number (give area code)

559 488-1010

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other (specify):

7. * TYPE OF APPLICANT:

Select Applicant Type Code

Community School Officer

9. * NAME OF FEDERAL AGENCY:

Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

16.710

TITLE: Public Safety Partnership and Community Policing Grants

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community School Resource Officer

12. * AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

Fresno

13. * PROPOSED PROJECT:

* Start Date

10/01/2004

* Ending Date

09/30/2007

14. * CONGRESSIONAL DISTRICTS

* a. Applicant

2021

* b. Project

20 and 21

15. * ESTIMATED FUNDING:

* a. Federal \$ 125,000.00

* b. Applicant \$

* c. State \$

* d. Local \$ 212,000.00

* e. Other \$

* f. Program Income \$

g. TOTAL \$ 337,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATEb. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.

a. Authorized Representative

Prefix: Mr.

* First Name: Daniel

Middle Name

* Last Name: Hobbs

Suffix:

* b. Title: City Manager

* c. Telephone Number (give area code):

559 621-7770

* Email: daniel.hobbs@ci.fresno.ca.us

Fax Number (give area code):

d. Signature of Authorized Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 2004	Applicant Identifier Year 4 of 5 option years	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Mission Community Services Corporation		Organizational Unit: Department: Women's Business Partners Division:		
Organizational DUNS: 132438545		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 3566 S. Higuera St., Suite 100		Prefix: Ms.	First Name: Andrea	
City: San Luis Obispo		Middle Name L.		
County: San Luis Obispo		Last Name Zeller		
State: CA	Zip Code 93401-7350	Suffix:		
Country: USA		Email: andrea@mcscorp.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0494600		Phone Number (give area code) 805 595-1356	Fax Number (give area code) 805-595-1358	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Women's Business Centers Program		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12 county region through California's north Central Coast and Central Valley.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to expand their opportunities to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley Regions of California.		
13. PROPOSED PROJECT Start Date: September 15, 2004 Ending Date: September 14, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 18, 19, 20, 21, 22 & 23 b. Project 17, 18, 19, 20, 21, 22, & 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 65,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 60,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 275,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix MS.		First Name Anita		Middle Name M.
Last Name Robinson		Suffix		
b. Title MCSC President & Chief Executive Officer		c. Telephone Number (give area code) 805 782-5011		
d. Signature of Authorized Representative		e. Date Signed 05/02/04		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 6, 2004	Applicant Identifier Year 3 of 5 option years	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Mission Community Services Corporation		Organizational Unit: Department: Women's Business Partners		
Organizational DUNS: 132438545		Division:		
Address: Street: 3566 S. Higuera St., Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Andrea		
City: San Luis Obispo		Middle Name L.		
County: San Luis Obispo		Last Name Zeller		
State: CA		Suffix:		
Zip Code 93401-7350		Email: andrea@mcscorp.org		
Country: USA		Phone Number (give area code) 805 595-1356		Fax Number (give area code) 805-595-1358
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0494800				
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Women's Business Centers Program		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12 county region through California's north Central Coast and Central Valley.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to expand their opportunities to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley Regions of California.		
13. PROPOSED PROJECT Start Date: September 15, 2004 Ending Date: September 14, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 18, 19, 20, 21, 22 & 23 b. Project 17, 18, 19, 20, 21, 22, & 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 60,000.00	DATE:		
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 52,500.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 262,500.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative		Middle Name		
Prefix Ms.	First Name Anita	Suffix		
Last Name Robinson		c. Telephone Number (give area code) 805 782-5011		
b. Title MCSO President & Chief Executive Officer		a. Date Signed 05/02/04		
d. Signature of Authorized Representative				

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 6, 2004	Applicant Identifier Year 1 of 5 option years	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Mission Community Services Corporation		Organizational Unit: Department: Women's Business Partners		
Organizational DUNS: 132438545		Division:		
Address: Street: 3566 S. Higuera St., Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Luis Obispo		Prefix: Ms.	First Name: Andrea	
County: San Luis Obispo		Middle Name L.		
State: CA		Last Name Zeller		
Zip Code 93401-7350		Suffix:		
Country: USA		Email: andrea@mcscorp.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0494600		Phone Number (give area code): 805-595-1356		Fax Number (give area code): 805-595-1358
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Women's Business Centers Program		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12 county region through California's north Central Coast and Central Valley.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to expand their opportunities to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley Regions of California.		
13. PROPOSED PROJECT Start Date: September 15, 2004 Ending Date: September 14, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 18, 19, 20, 21, 22 & 23 b. Project 17, 18, 19, 20, 21, 22, & 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 35,000.00	DATE:		
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 40,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 225,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		Middle Name		
Prefix Ms.	First Name Anita	Suffix		
Last Name Robinson		c. Telephone Number (give area code) 805 782-5011		
b. Title MCSC President & Chief Executive Officer		a. Date Signed 05/02/04		
d. Signature of Authorized Representative				

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 6, 2004	Applicant Identifier Year 2 of 5 option years	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Mission Community Services Corporation		Organizational Unit: Department: Women's Business Partners		
Organizational DUNS: 132438545		Division:		
Address: Street: 3566 S. Higuera St., Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Luis Obispo		Prefix: Ms.	First Name: Andrea	
County: San Luis Obispo		Middle Name: L.		
State: CA		Last Name: Zeller		
Zip Code: 93401-7350		Suffix:		
Country: USA		Email: andrea@mcscorp.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0494600		Phone Number (give area code) 805 595-1356		Fax Number (give area code) 805-595-1358
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Women's Business Centers Program 59-043		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12 county region through California's north Central Coast and Central Valley.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to expand their opportunities to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley Regions of California.		
13. PROPOSED PROJECT Start Date: September 15, 2004 Ending Date: September 14, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 18, 19, 20, 21, 22 & 23 b. Project 17, 18, 19, 20, 21, 22, & 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 40,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 44,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 234,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Anita	Middle Name M.		
Last Name Robinson		Suffix		
b. Title MCSC President & Chief Executive Officer		c. Telephone Number (give area code) 805 782-5011		
d. Signature of Authorized Representative		e. Date Signed 05/02/04		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 2004		Applicant Identifier Year 5 of 5 option years	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Mission Community Services Corporation			Organizational Unit: Department: Women's Business Partners		
Organizational DUNS: 132438545			Division:		
Address: Street: 3566 S. Higuera St., Suite 100			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Luis Obispo			Prefix: Ms.		First Name: Andrea
County: San Luis Obispo			Middle Name: L.		
State: CA			Last Name: Zeller		
Zip Code: 93401-7350			Suffix:		
Country: USA			Email: andrea@mcscorp.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0494600			Phone Number (give area code) 805 595-1356		Fax Number (give area code) 805-595-1358
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O. Not for Profit Organization Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Women's Business Centers Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to expand their opportunities to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley Region of California.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12 county region through California's north Central Coast and Central Valley.			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17, 18, 19, 20, 21, 22 & 23		
13. PROPOSED PROJECT Start Date: September 15, 2004			b. Project 17, 18, 19, 20, 21, 22, & 23		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	70,000.00	DATE:		
c. State	\$	.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	71,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	291,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative			Middle Name M.		
Prefix Ms.			First Name Anita		
Last Name Robinson			Suffix		
b. Title MCSC President & Chief Executive Officer			c. Telephone Number (give area code) 805 782-5011		
d. Signature of Authorized Representative			e. Date Signed 05/02/04		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 6, 04	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Los Angeles (as fiscal agent for city of LA WTB)

Organizational Unit: Community Dev. Dept. / Workforce Dev. Div.

Address: 215 W. 6th Street, Los Angeles, CA 90014

Name and telephone number of person to be contacted on matters involving this application (give area code): Manny Chavez, (213) 485-6806

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000735

7. TYPE OF APPLICANT: (See back of form for Application Types)
C

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
(If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)
Other (specify)

9. NAME OF FEDERAL AGENCY: ETA/VETS/Department of Labor

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Employment and Training 04-103

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Seamless Employment Opportunities For Hard to Serve Individuals through the City of Los Angeles Work Source System, Collaborating FBO's

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles

13. PROPOSED PROJECT
Start Date: 07/01/04 Ending Date: 02/01/05

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 27-27, 29-33, 35-38 b. Project 32-35, 27, 28

15. ESTIMATED FUNDING:

a. Federal	\$ 599,697	.00
b. Applicant	\$ 236,550	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/06/04
b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix Last Name First Name Middle Name Suffix
Graves Clifford W.
b. Title General Manager
c. Telephone Number (give area code) (213) 485-1617
d. Signature of Authorized Representative Date Signed 05/06/04

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 29, 2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Onesimo and Imelda Garcia		Organizational Unit: Department:		
Organizational DUNS: None		Division:		
Address: Street: 111511 Braddock Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Culver City		Prefix:	First Name: Rex	
County: Los Angeles County		Middle Name		
State: California		Last Name Nathan		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Email:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) □ □		7. TYPE OF APPLICANT: (See back of form for Application Types) Individuals Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Mtg. Insurance for Construction or Substantial Rehab. of Condominium Projects		9. NAME OF FEDERAL AGENCY: Department of Housing & Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles City and Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 39 (2 and 3 bedrooms) Condominium Project. The project will contain spa, Gym/exercise room balconies, play area, on site tenant and guest parking. THE CONDOMINIUM WILL BE LOCATED AT 4615 WEST SLAUSON AVENUE, LOS ANGELES, CALIFORNIA 90043		
13. PROPOSED PROJECT Start Date: December 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33		
Ending Date: December 2005		b. Project 33		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,786,300.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 1,200,000.00	DATE: March 29, 2004		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 7,986,300.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Rex		Middle Name
Last Name Nathan				Suffix
b. Title Project Manager		c. Telephone Number (give area code)		
d. Signature of Authorized Representative <i>Rex Nathan</i>		e. Date Signed March 26, 2004		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: CCI COMMUNICATIONS SERVICES, INC		Organizational Unit: Department: TELEMEDICINE		
Organizational DUNS: 146016089		Division:		
Address: Street: 900 WILSHIRE BLVD #500		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: LOS ANGELES		Prefix: DR First Name: ANTHONY		
County: LOS ANGELES		Middle Name: C		
State: CALIFORNIA Zip Code: 90017		Last Name: DIKE		
Country:		Suffix: SR		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-47104124		Email: acdike@comcast.net		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Phone Number (give area code): 323-252-2784		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code): 323-252-5062		
Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) PROFIT ORGANIZATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: USDA		
AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: INTEGRATED RURAL HEALTH INFORMATION AND TELEMEDICINE SYSTEM (IRHITS)		
13. PROPOSED PROJECT Start Date: 8/1/2004 Ending Date: 8/1/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 54th b. Project 53rd, 21st, 41st		
15. ESTIMATED FUNDING: a. Federal \$ 347,998 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ 152,000 f. Program Income \$ g. TOTAL \$ 499,998		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/30/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Authorized Representative Prefix: DR First Name: ANTHONY Middle Name: C				
Last Name: DIKE Suffix:				
b. Title: CHAIRMAN		c. Telephone Number (give area code): 323-252-2784		
d. Signature of Authorized Representative: [Signature]		e. Date Signed: 4/30/2004		

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Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <div style="text-align: right;">2222 (Rev 0)</div>	

5. APPLICANT INFORMATION															
Legal Name: Southern California Tribal Chairman's Association	Organizational Unit: Department:														
Organizational DUNS: 08-092-4640	Division:														
Address: Street: PO Box 1470 City: Valley Center County: San Diego State: CA Zip Code: 92082 Country:	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jack Middle Name: Last Name: Ward Suffix: jward@sctdv.net														
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 23-7161267	Phone Number (give area code): 760 - 742 - 8606 Ext. 102 Fax Number (give area code): 760 - 742 - 8610														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) CBO/ Tribal Org.														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552	9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Project Community Work Enterprise in Technology (CWET) seeks to change the conditions that lead to underemployment and unemployment proactively and to reduce the unemployment rate among our communities.														
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 48 b. Project: 48,49,50,51,52														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 695,100.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 215,300.00</td> </tr> <tr> <td>c. State</td> <td>\$ 0.00</td> </tr> <tr> <td>d. Local</td> <td>\$ 1,053,600.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 1,964,000.00</td> </tr> </table>	a. Federal	\$ 695,100.00	b. Applicant	\$ 215,300.00	c. State	\$ 0.00	d. Local	\$ 1,053,600.00	e. Other	\$ 0.00	f. Program Income	\$ 0.00	g. TOTAL	\$ 1,964,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/27/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 695,100.00														
b. Applicant	\$ 215,300.00														
c. State	\$ 0.00														
d. Local	\$ 1,053,600.00														
e. Other	\$ 0.00														
f. Program Income	\$ 0.00														
g. TOTAL	\$ 1,964,000.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Authorized Representative Prefix: First Name: Denis Middle Name: Last Name: Turner Suffix: b. Title: Executive Director c. Telephone Number (give area code): 760 - 742 - 8600 d. Signature of Authorized Representative: <i>Denis Turner</i> e. Date Signed:															

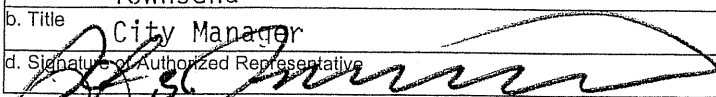
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2004	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
5. APPLICANT INFORMATION Legal Name: Town of Mammoth Lakes Organizational DUNS: 144603339 Address: 437 Old Mammoth Road, Suite R City: Mammoth Lakes County: Mono State: California Country: USA		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
Organizational Unit: Department: Public Works Division:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Charles Middle Name: A. Last Name: Long Suffix: Email: calong@att.net																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067		Phone Number (give area code) 760-934-8989 Ext. 226	Fax Number (give area code) 760-934-7493																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) D - Township Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Mammoth Lakes, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Environmental Impact Statement - Phase 2																						
13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>2,008,466.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>105,709.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,114,175.00</td> </tr> </table>		a. Federal	\$	2,008,466.00	b. Applicant	\$	105,709.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,114,175.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 7, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	2,008,466.00																						
b. Applicant	\$	105,709.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	2,114,175.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: Mr. First Name: Charles Last Name: Long Title: Deputy Town Manager Signature of Authorized Representative: <i>Charles Long</i>		Middle Name: A. Suffix: c. Telephone Number (give area code): 760-934-8989 Ext. 226 e. Date Signed: 5/4/04																						

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier																													
5. APPLICANT INFORMATION Legal Name: City of Lindsay Organizational DUNS: RECEIVED MAY - 7 2004 Address: 251 E. Honolulu City: Lindsay County: Tulare State: CA Zip Code: 93247 Country: USA																																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">94-6000357</div>																																	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																																	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-766</div>																																	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California																																	
13. PROPOSED PROJECT Start Date: January 2005 Ending Date: June 2006																																	
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal U.S.D.A.</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">7,870,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local City of Lindsay/Hospital Dis</td> <td>\$</td> <td>1,220,000</td> <td>.00</td> </tr> <tr> <td>e. Other R.C.A.C.</td> <td>\$</td> <td>1,000,000</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>10,090,000</td> <td>.00</td> </tr> </table>						a. Federal U.S.D.A.	\$	7,870,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local City of Lindsay/Hospital Dis	\$	1,220,000	.00	e. Other R.C.A.C.	\$	1,000,000	.00	f. Program Income	\$.00	g. TOTAL	\$	10,090,000	.00
a. Federal U.S.D.A.	\$	7,870,000	.00																														
b. Applicant	\$.00																														
c. State	\$.00																														
d. Local City of Lindsay/Hospital Dis	\$	1,220,000	.00																														
e. Other R.C.A.C.	\$	1,000,000	.00																														
f. Program Income	\$.00																														
g. TOTAL	\$	10,090,000	.00																														
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21																																	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/6/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative Prefix Mr. First Name Scott Middle Name B. Last Name Townsend Suffix b. Title City Manager c. Telephone Number (give area code) 559-562-7103 d. Signature of Authorized Representative  e. Date Signed 1/30/04																																	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 18403110																					
5. APPLICANT INFORMATION Legal Name: Tulare County Superintendent of School Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091 Organizational Unit: Child Care Program Name and telephone number of person to be contacted on matters involving this application (give area code): Ray Chavez (559) 651-3022																								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2191905		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care B																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Farmersville, Lindsay																								
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21-nunes b. Project: 21-nunes																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>9952 14,306⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>8,143 11,705⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>18,095 26,011⁰⁰</td> </tr> </table>		a. Federal	\$	9952 14,306 ⁰⁰	b. Applicant	\$	8,143 11,705 ⁰⁰	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	18,095 26,011 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	9952 14,306 ⁰⁰																						
b. Applicant	\$	8,143 11,705 ⁰⁰																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	18,095 26,011 ⁰⁰																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Jim Vidak		b. Title County Superintendent of Schools																						
c. Telephone Number (559) 733-6301		e. Date Signed 3-4-04																						

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

COPY

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE 3-10-04 mce		State Application Identifier	
				Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Tulare County Superintendent of School Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> 9 4 — 2 1 9 1 9 0 5 </div> <div style="margin-left: 10px; text-align: center;"> MAY - 7 2004 </div> </div>					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>		
			9. NAME OF FEDERAL AGENCY: USDA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> 1 0 — 7 6 6 </div> </div> TITLE: Community Facilities Loans and Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care A		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cutler, Traver					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 21-nunes		b. Project 21-nunes	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 47,272 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant \$ 38,678 ⁰⁰					
c. State \$ _____ ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ _____ ⁰⁰					
e. Other \$ _____ ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$ _____ ⁰⁰					
g. TOTAL \$ 85,950 ⁰⁰					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jlm Vidak		b. Title County Superintendent of Schools		c. Telephone Number (559) 733-6301	
d. Signature of Authorized Representative 		e. Date Signed 3-4-04			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 29, 2004	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Lindsay		Department:	
Organizational DUNS: 004953261		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	
251 E. Honolulu		First Name: Scot	
City: Lindsay		Middle Name B.	
County: Tulare		Last Name Townsend	
State: CA		Suffix:	
Zip Code 93247		Email: scotbtownsend@lindsay.ca.us	
Country: USA		Phone Number (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Fax Number (give area code)	
94-6000357		559-562-7103	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C - Municipal	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program):		Address: 104 Apia, Lindsay, CA - APN # 205-235-014	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		Required off-site improvements to assist in business property development.	
Lindsay, Tulare County, California, USA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Oct. 2004		a. Applicant 21	
Ending Date: Feb. 2005		b. Project 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA	\$ 44,266	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 15,500	DATE: 3/29/04	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 59,766		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Scot	Middle Name B.	
Last Name Townsend	Suffix		
b. Title City Manager	c. Telephone Number (give area code) 559-562-7103		
d. Signature of Authorized Representative	e. Date Signed March 26, 2004		
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval NO. 0348-0043

2. DATE SUBMITTED

Applicant Identifier

LCR No.: 2004-06

April 22, 2004

1. TYPE OF SUBMISSION
Application

Preapplication

◆ Construction
□ Non-Construction

□ Construction
□ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL
AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: RICHGROVE COMMUNITY SERVICES DISTRICT

Organizational Unit: SPECIAL DISTRICT

Address (give city, county, State, and zip code):

20986 Grove Drive
P.O. Box 86
Richgrove CA. 93261

Name and telephone number of person to be contacted on matters
involving this application (give area code)

WILLIAM HAYTER, PROJECT COORDINATOR
Tulare County Redevelopment Agency
TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 8 0 1 4 9 0

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G.

8. TYPE OF APPLICATION:

◆ New □ Continuation □ Revision

If Revision, enter appropriate letter(s) in box(s) □ □

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special N. Other (Specify) _____
District

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE: COMMUNITY FACILITES LOANS AND GRANTS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Richgrove Phase 2 Storm Water, Air Quality & Recreation Project: This project concerns the construction of all weather safe access from residential areas to elementary schools and bus stops, mitigation of road side dust (PM10) and provides for development of a community recreational facility within the storm water ponding basin proposed for funding under the USDA-RUS program and a Congestion Management & Air Quality grant.

13. PROPOSED PROJECT
STORMWATER DRAINAGE AND
RELATED IMPROVEMENTS

14. CONGRESSIONAL DISTRICTS OF:
DEVIN NUNES, 21st DISTRICT

Start Date
9/2005

Ending Date
9/2006

a. Applicant
RICHGROVE COMMUNITY SERVICES DISTRICT

b. Project
RICHGROVE STORMWATER, AIR QUALITY &
RECREATION PROJECT

15. ESTIMATED FUNDING:

a. Federal	\$	372,538
b. Applicant	\$	0
c. State	\$	0
d. Local - TCRA	\$	10,500
e. Other (CMAQ)	\$	781,525
f. Program Income	\$	0
g. TOTAL	\$	1,164,463

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 1237 PROCESS?

a. YES. THIS PREAPPLICATION/ APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS
FOR REVIEW ON:
DATE April 22, 2004
b. No. □ PROGRAM IS NOT COVERED BY E.O. 12372
□ OR PROGRAM HAS NOT BEEN SELECTED BY
STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

□ Yes If "Yes," attach an explanation ◆ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Mary Lou Delgado

b. Title

President

c. Telephone Number

(661) 725-5632

d. Signature of Authorized

e. Date Signed

April 21, 2004

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Standard Form 424 (Rev.7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval NO. 0348-0043

Applicant Identifier

LCR No.: 2004-05

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED April 22, 2004		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name: RICHGROVE COMMUNITY SERVICES DISTRICT				Organizational Unit: Special District			
Address (give city, county, State, and zip code): 20986 Grove Drive P.O. Box 86 Richgrove CA. 93261				Name and telephone number of person to be contacted on matters involving this application (give area code) WILLIAM HAYTER, PROJECT COORDINATOR Tulare County Redevelopment Agency TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 8 0 1 4 9 0				7. TYPE OF APPLICANT: (enter appropriate letter in box) G.			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(s) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):				A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE: WATER AND WASTE DISPOSAL SYSTEMS FOR RURAL COMMUNITIES				9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RICHGROVE, CA				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Storm Water Drainage and Air Quality Project: This project concerns the construction of concrete curbs, gutters, paveouts, cross gutters, pipelines and retention basins necessary to provide a complete Community-wide storm water runoff collection and disposal facility to reduce health and safety hazards and local flooding in winter and dust mitigation in summer.			
13. PROPOSED PROJECT STORMWATER DRAINAGE AND RELATED IMPROVEMENTS		14. CONGRESSIONAL DISTRICTS OF: DEVIN NUNES, 21 st DISTRICT					
Start Date 9/2005	Ending Date 9/2006	a. Applicant RICHGROVE COMMUNITY SERVICES DISTRICT				b. Project RICHGROVE STORMWATER DRAINAGE and AIR QUALITY PROJECT	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237 PROCESS?			
a. Federal RUS		\$		2,760,059			
b. Applicant		\$					
c. State - Comm. Dev. Block Grant		\$		35,000			
d. Local - TCRA		\$		534,293			
e. Other (CMAQ)		\$		2,382,532			
f. Program Income		\$		0			
g. TOTAL		\$		5,701,884			
				a. YES. THIS APPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: April, 22, 2004			
				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative Mary Lou Delgado		b. Title President		c. Telephone Number (661) 725-5632			
d. Signature of Authorized <i>Mary Lou Delgado</i>				e. Date Signed April 21, 2004			

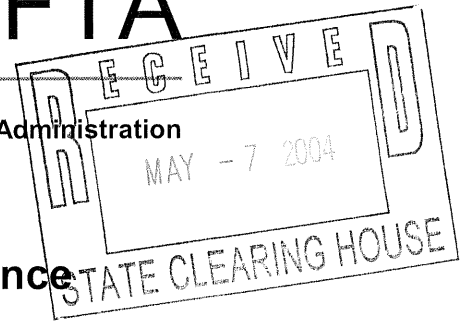
DOT



FTA

U.S. Department of
Transportation

Federal Transit Administration



Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-37-X057
Budget Number:	1 - Budget Pending Approval
Project Information:	Los Angeles County JARC projects

Part 1: Recipient Information

Project Number:	CA-37-X057
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$6,724,668
Project Number:	CA-37-X057	Adjustment Amt:	\$0
Project Description:	Los Angeles County JARC projects	Total Eligible Cost:	\$6,724,668
Recipient Type:	Transit Authority	Total FTA Amt:	\$3,362,172
FTA Project Mgr:	Ray Tellis - (213) 202-3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe (213) 922-2459	Total Local Amt:	\$3,362,496
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst #:	20516	Special Condition:	None Specified

Sec. of Statute:	3037
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 04, 2003
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

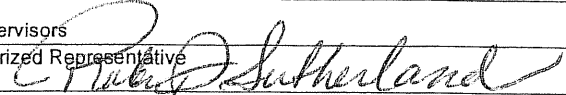
UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2004		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Nevada County			Organizational Unit: Department: Housing & Community Services Department		
Organizational DUNS: 010979029			Division:		
Address: Street: 950 Maidu Ave			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Nevada City			Prefix: Mr.		First Name: Ray
County: Nevada County			Middle Name		
State: California			Last Name James		
Zip Code: 95959			Suffix:		
Country: United States of America			Email: ray.james@co.nevada.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000526			Phone Number (give area code) (530) 265-7275		Fax Number (give area code) (530) 265-9845
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Housing Preservation Grants			9. NAME OF FEDERAL AGENCY: USDA, Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nevada County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Very Low-Income and Low-Income Single Family Home Owner Housing Rehabilitation Grants in the unincorporated areas of Nevada County, California.		
13. PROPOSED PROJECT Start Date: July 1, 2004 Ending Date: June 30, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th Congressional District b. Project 4th Congressional District		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	100,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-5-04		
b. Applicant	\$	0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	200,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0			
g. TOTAL	\$	300,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Robin		Middle Name	
Last Name Sutherland				Suffix	
b. Title Chair, Board of Supervisors				c. Telephone Number (give area code) (530) 265-1480	
d. Signature of Authorized Representative 				e. Date Signed 5-4-04	

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

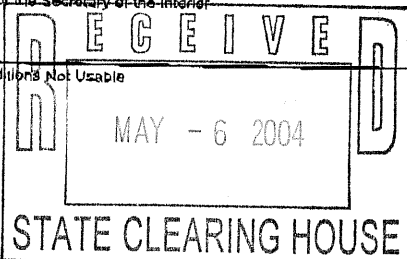
1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<u>Application</u> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		May 4, 2004	
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			F-113-B
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit:	
Address (give city, county, state and zip code):		Department of Fish and Game	
Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>):	
8. TYPE OF APPLICATION:		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University K. Individual L. Profit Organization M. Other (Specify)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Lassen County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Eagle Lake Fishing Access Improvements. To extend time and to start Phase II (please note change in costs). Amended Project Narrative attached.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5/12/2003	Ending Date 12/31/2005	a. Applicant 3	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,355,849	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>May 6, 2004</u>	
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$785,284	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation <u>X</u> No	
d. Local			
e. Other			
f. Program Income			
g. TOTAL	\$3,141,133		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed 5/5/04	
Approved for the Secretary of the Interior		Title:	Date:
Signature			

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Standard Form 424 (REV 4-86)

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
March 12, 2004

Applicant Identifier
240W0202

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

Application
☐ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

City of Firebaugh

Organizational Unit:

Water Public Works

Address (give city, county, State, and zip code):

1575 Eleventh Street, Firebaugh, CA 93622

Name and telephone number of person to be contacted on matters involving this application (give area code)

Jose Antonio Ramirez
(559) 659-2043

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94-6000333

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

Reconstruction of two water treatment plants

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

USDA-RUS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Firebaugh, Fresno County, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Modification and expansion of two (2) existing water treatment plants to improve quality and quantity of treated water. Includes emergency power and enhanced fire flow and domestic delivery.

13. PROPOSED PROJECT

Start Date
9/1/04

Ending Date
9/1/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Calvin Dooley

b. Project

Calvin Dooley

15. ESTIMATED FUNDING:

a. Federal	\$	2,486,800 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	400,000 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	2,886,800 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Jose Antonio Ramirez

b. Title
City Manager

c. Telephone Number
(559) 659-2043

d. Signature of Authorized Representative

e. Date Signed
03/12/04

Version 7/03

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05-2004-060
Approved 4/29/04

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/22/04	Applicant Identifier																												
		3. DATE RECEIVED BY STATE	State Application Identifier																												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Federation of Lao American Community Address (give city, county, state, and zip code): PO Box 6256, Fresno, CA 93703 Fresno County		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Vilaysouk Vee Inthaly (559) 452-8950																													
6. EMPLOYER IDENTIFICATION (EIN): 0 4 - 3 7 0 0 1 5 1		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="0"><tr><td>A. State</td><td>H. Independent School Dist.</td><td rowspan="8"><input checked="" type="checkbox"/> N Nonprofit Organization</td></tr><tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr><tr><td>C. Municipal</td><td>J. Private University</td></tr><tr><td>D. Township</td><td>K. Indian Tribe</td></tr><tr><td>E. Interstate</td><td>L. Individual</td></tr><tr><td>F. Intermunicipal</td><td>M. Profit Organization</td></tr><tr><td>G. Special District</td><td>N. Other (Specify)</td></tr></table>		A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> N Nonprofit Organization	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify)													
A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> N Nonprofit Organization																													
B. County	I. State Controlled Institution of Higher Learning																														
C. Municipal	J. Private University																														
D. Township	K. Indian Tribe																														
E. Interstate	L. Individual																														
F. Intermunicipal	M. Profit Organization																														
G. Special District	N. Other (Specify)																														
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED MAY - 5 2004</div>			9. NAME OF FEDERAL AGENCY:																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: STATE CLEARING HOUSE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lao Agricultural Empowerment Project (LAEP) (A continuation 2003-04)																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) State of California. Fresno County. Cities: Kerman, Sanger, Selma, Easton, Fowler		13. PROPOSED PROJECT Start Date: 9/16/04 Ending Date: 9/15/05																													
14. CONGRESSIONAL DISTRICTS OF: Calvin M. Dooley-20th District, California		15. ESTIMATED FUNDING <table border="1"><tr><td>a. Federal</td><td>\$</td><td>69,900</td><td>.00</td></tr><tr><td>b. Applicant</td><td>\$</td><td></td><td>.00</td></tr><tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr><tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr><tr><td>e. Other</td><td>\$</td><td></td><td>.00</td></tr><tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr><tr><td>g. Total</td><td>\$</td><td>69,900</td><td>.00</td></tr></table>		a. Federal	\$	69,900	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	69,900	.00
a. Federal	\$	69,900	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. Total	\$	69,900	.00																												
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Vilaysouk Vee Inthaly		b. Title Executive Director	c. Telephone Number (559) 452-8950																												
d. Signature of Authorized Representative 		e. Date Signed 3/22/04																													

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2004	Applicant Identifier	
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Mercy Housing California		Department:	
Organizational DUNS:		Division:	
Address: Street: 3120 Freeboard Drive, Suite 202 City: West Sacramento County: Yolo State: CA Zip Code: 95691		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Nilda Middle Name: Guanzon Last Name: Valmores Suffix:	
Country:		Email: nvalmores@mercyhousing.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 34-3081686		Phone Number (give area code): 916-414-4475	
		Fax Number (give area code): 916-414-4492	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Calaveras County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Preservation Program	
13. PROPOSED PROJECT Start Date: August 2004 Ending Date: July 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project John Doolittle	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 23, 2004	
b. Applicant	\$ 100,000.00	b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 40,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 215,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Greg	Middle Name	
Last Name Sparks		Suffix	
b. Title Vice President		c. Telephone Number (give area code) 916/414-4439	
d. Signature of Authorized Representative		e. Date Signed May 4, 2004	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier NA04NOS4190117	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Foothill/Eastern Transportation Corridor Agency		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Organizational DUNS:		Organizational Unit: Department: Engineering and Environmental Planning		
Address: Street: 125 Pacifica, Suite 100		Division:		
City: Irvine		Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Orange		Prefix:	First Name: Valarie	
State: CA		Middle Name L		
Country: USA		Last Name McFall		
Zip Code 92656		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0294276		Email: mcfall@sjhtca.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (949) 754-3475		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-419 TITLE (Name of Program): Coastal Zone Management Administration Awards		Fax Number (give area code) (949) 754-3491		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) California Joint Powers Authority		
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 03/31/2006		9. NAME OF FEDERAL AGENCY: Dept of Commerce; National Oceanic and Atmospheric Admin		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition of conservation acreage in Orange County, California to be maintained in perpetuity as coastal sage scrub and/or riparian habitat.		
a. Federal	\$ 494,739.00	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 44		
b. Applicant	\$ 494,739.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 29, 2004		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 989,478.00	a. Authorized Representative Prefix: First Name: Wally Middle Name: D. Suffix:		
b. Title Chief Executive Officer		c. Telephone Number (give area code) (949) 754-3400		
d. Signature of Authorized Representative		e. Date Signed 5/3/04		

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/16/2004	Applicant Identifier 868510939														
		3. DATE RECEIVED BY STATE State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier															
5. APPLICANT INFORMATION																	
Legal Name: Resources Legacy Fund		Organizational Unit: South Bay Wetlands															
Address (give city, county, State, and zip code): 555 Capitol Mall, Suite 1255 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) (916)442-5057 John Schmidt or Tamara Todd															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4703838		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit</u> </div> </div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service (NOAA)															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE: Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: South San Francisco Bay Wetland Restoration Project															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda County, Santa Clara County, and San Mateo County																	
13. PROPOSED PROJECT Start Date: 5/1/04 Ending Date: 7/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 5th b. Project: 12th, 13th, 14th, 15th															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 100,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 5,851,000</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$ 611,000</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 6,562,000</td> </tr> </table>		a. Federal	\$ 100,000	b. Applicant	\$ 5,851,000	c. State	\$	d. Local	\$	e. Other	\$ 611,000	f. Program Income	\$	g. TOTAL	\$ 6,562,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/19/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 100,000																
b. Applicant	\$ 5,851,000																
c. State	\$																
d. Local	\$																
e. Other	\$ 611,000																
f. Program Income	\$																
g. TOTAL	\$ 6,562,000																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Eric Holst		b. Title Executive Director															
c. Telephone Number (916)442-5057		d. Signature of Authorized Representative 															
e. Date Signed 5/3/04																	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Yuba-Sutter Economic Development Corporation Address (give city, county, State, and zip code): 1300 Franklin Road Yuba City, CA 95993	Organizational Unit: Non-Profit Public Benefit 501(c)3 Corporation Name and telephone number of person to be contacted on matters involving this application (give area code): Tim Johnson, 530-751-8555
---	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6

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7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Private Non-Profit</u>

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)

 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Commerce, EDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

1

—

3

0

2

 TITLE: ED Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Section 203 Planning Assistance

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Yuba and Sutter Counties

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:				
<table style="width: 100%;"> <tr> <td style="width: 50%;">Start Date 10/1/04</td> <td style="width: 50%;">Ending Date 9/30/05</td> </tr> </table>	Start Date 10/1/04	Ending Date 9/30/05	<table style="width: 100%;"> <tr> <td style="width: 50%;">a. Applicant District 2</td> <td style="width: 50%;">b. Project District 2</td> </tr> </table>	a. Applicant District 2	b. Project District 2
Start Date 10/1/04	Ending Date 9/30/05				
a. Applicant District 2	b. Project District 2				

15. ESTIMATED FUNDING:

a. Federal	\$								
b. Applicant	\$								
c. State	\$								
d. Local	\$								
e. Other	\$								
f. Program Income	\$								
g. TOTAL	\$								

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

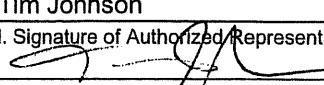
 DATE 04/26/04

 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Tim Johnson	b. Title Executive Director	c. Telephone Number (530) 751-8555
d. Signature of Authorized Representative 	e. Date Signed <u>4/26/04</u>	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 28, 2004	Applicant Identifier R9#03-238
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: Monterey County Water Resources Agency Address (give city, county, State, and zip code): 893 Blanco Circle Salinas, Monterey, CA 93902 Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Elizabeth Krafft 831 755-4864			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000524 60-241-6174 DUNS		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations and SPG		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning Activities Associated with the Salinas Valley Water Project: Develop a Salinas Valley Integrated Water Management Plan	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Salinas Valley, Monterey County, CA			
13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 17th Congressional District of CA b. Project: 17th Congressional District of CA	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 447,100	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/30/04	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 447,100	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Curtis V. Weeks		b. Title General Manager	
d. Signature of Authorized Representative		c. Telephone Number (831) 755-4860	
		e. Date Signed	

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 Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/03/04	Applicant Identifier 175091
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The City of San Diego		Organizational Unit: Department: Engineering & Capital Projects	
Organizational OUNS: 00-784-3720		Division: Transportation Engineering Design	
Address: Street: 1010 2nd Avenue, Suite 1200		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Diego		Prefix: Mr.	First Name: Mark
County: San Diego		Middle Name	
State: CA		Last Name: Nassar	
Zip Code: 92101		Suffix:	
Country: United States of America		Email: mnassar@sandiego.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000778 W		Phone Number (give area code) (619) 533-3779	Fax Number (give area code) (619) 533-3071
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-806 TITLE (Name of Program): State & Tribal Assistance Program		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Diego		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Penasquitos Coastal Sewage Interception/Low-Flow Storm Diversion Diversion Project	
13. PROPOSED PROJECT Start Date: November 2006 Ending Date: December 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 49 b. Project District 49	
15. ESTIMATED FUNDING: a. Federal 55% \$ 2,850,700 b. Applicant 45% \$ 2,332,391 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 5,183,091		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/03/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix Mr.		First Name Frank	
Last Name Belock		Middle Name	
b. Title Director		Suffix Jr.	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (619) 236-6274	
		e. Date Signed 5-3-04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 19, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: City of Watsonville Organizational DUNS: 030414994 Address: Street: 100 Aviation Way City: Watsonville County: Santa Cruz State: California Zip Code: 95076 Country: USA		Organizational Unit: Department: Airports Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Donald Middle Name: E. Last Name: French Suffix: Email: dfrench@ci.watsonville.ca.us Phone Number (give area code): (831) 728-6075 Fax Number (give area code): (831) 763-4058
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000451 </div>	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20-106 </div> TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, California Relocate Access Road (60' x 1,800') Complete ILS - Glide Slope, MALSR Underground Utilities - Relocate Threshold Runway 20
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17
---	--

13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 20, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">1,872,450</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">98,550</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,971,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	1,872,450	.00	b. Applicant	\$	98,550	.00	c. State	\$.	.00	d. Local	\$.	.00	e. Other	\$.	.00	f. Program Income	\$.	.00	g. TOTAL	\$	1,971,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	1,872,450	.00																										
b. Applicant	\$	98,550	.00																										
c. State	\$.	.00																										
d. Local	\$.	.00																										
e. Other	\$.	.00																										
f. Program Income	\$.	.00																										
g. TOTAL	\$	1,971,000	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Mr. Last Name: French	First Name: Donald Middle Name: E. Suffix:	b. Title: Airport Manager c. Telephone Number (give area code): (831) 728-6075 d. Signature of Authorized Representative: e. Date Signed: APRIL 22, 2004

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/27/2004	Applicant Identifier 056820715
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: San Jose State University Foundation Organizational DUNS: 056820715 Address: Street: 210 North Fourth Street City: San Jose County: Santa Clara State: California Zip Code: 95112-5569 Country: United States		Organizational Unit: Department: Department of Management Information Systems Division: SJSU College of Business Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul Middle Name: F. Last Name: McNamara Suffix: Email: pmcnamar@foundation.sjsu.edu Phone Number (give area code): (408) 924-1430 Fax Number (give area code): (408) 924-1496
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6017638	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O Other (specify)
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Department of Commerce
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Literacy Teams
---	---

13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 09/30/2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16 b. Project 16
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">528,216</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">528,216</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,056,432</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	528,216	.00	b. Applicant	\$	528,216	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,056,432	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/29/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	528,216	.00																										
b. Applicant	\$	528,216	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	1,056,432	.00																										

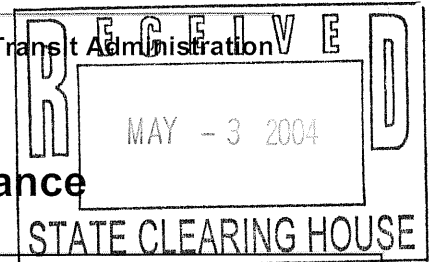
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
--	--

a. Authorized Representative Prefix: Ms. First Name: Pamela Middle Name: C. Last Name: Stacks Suffix: Ph.D. b. Title: Interim Associate Vice President for Graduate Studies and Research c. Telephone Number (give area code): (408) 924-2427 d. Signature of Authorized Representative: <i>Pamela C Stacks</i> e. Date Signed: <i>4/27/04</i>		
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DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application for Federal Assistance**

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y263-00
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2004 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y263-00
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Union President
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,759,495
Project Number:	CA-90-Y263-00	Adjustment Amt:	\$0
Project Description:	FY 2004 Capital Assistance	Total Eligible Cost:	\$3,759,495

Recipient Type:	City	Total FTA Amt:	\$3,007,597
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total State Amt:	\$42,214
Recipient Contact:	Jim Mills- 310-618-6291	Total Local Amt:	\$709,684
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2003 - Nov. 30, 2004	Est. Oblig Date:	None Specified
Recvd. By State:	Apr. 20, 2004	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman
6	37	Juanita Millender-McDon

Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

The City of Torrance (Recipient #: 1666) is receiving all funds in the grant.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Neighborhood House of North Richmond		Organizational Unit: Department: Community Health Initiative	
Organizational DUNS: 053046827		Division: Hazardous Substances Project	
Address: Street: 305 Chesley Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Richmond		Prefix: Ms.	First Name: Pamela
County: Contra Costa		Middle Name Darlene	
State: CA		Last Name Neyland	
Zip Code 94801	Suffix: N/A		
Country: United States of America		Email: pdncpa@aol.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1331839

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-604

TITLE (Name of Program):
Environmental Justice Hazardous Substances Research

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

North Richmond, Parchester, Iron Triangle, & San Pablo, CA (Richmond, CA)

13. PROPOSED PROJECT

Start Date:
September 1, 2004
Ending Date:
August 30, 2005

15. ESTIMATED FUNDING:

a. Federal	\$	25,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	25,000.00

7. TYPE OF APPLICANT: (See back of form for Application Types)

☐ Not for Profit Organization
Other (specify)

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

North Richmond Indoor Air Quality Research Project

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
7th Congressional District
b. Project
7th Congressional District

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: April 29, 2004
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Barbara	Middle Name Jean
Last Name Becnel		Suffix N/A
b. Title Executive Director		c. Telephone Number (give area code) 510.235.9780
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev.9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/28/04	Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: St. Andrew's Court Development Corporation		Department: A California Corporation	
Organizational DUNS:		Division:	
Address: Street: 18543 Devonshire Street, #442		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Northridge		Prefix:	First Name: Leslie
County:		Middle Name	
State: CA		Last Name Gorospe	
Zip Code 91324		Suffix:	
Country: USA		Email: leslie.gorospe@pnc.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 10-0003629		Phone Number (give area code) 415-733-1523	Fax Number (give area code) 415-733-1555
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Mortgage Insurance - Rental Housing 14-134		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This financing proposal is for the new construction of a 41-unit market-rate apartment building that is near Los Angeles' downtown area. The source of financing consist of the proposed HUD loan and equity from the borrower.	
13. PROPOSED PROJECT Start Date: 6/2004 Ending Date: 6/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-27th District b. Project CA-34th District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,660,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2003	
b. Applicant	\$ 459,188.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 6,119,188.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Leslie	Middle Name	
Last Name Gorospe	Suffix		
b. Title Mortgage Analyst	c. Telephone Number (give area code) 415-733-1523		
d. Signature of Authorized Representative	e. Date Signed 4/28/04		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Plumas Eureka Community Services District		Organizational Unit: Department: Plumas Eureka CSD	
Organizational DUNS:		Division:	
Address: Street: 200 Lundy Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Blairsden		Prefix:	First Name:
County: Plumas		Middle Name	
State: CA		Last Name	
Zip Code 96103		Suffix:	
Country:		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Phone Number (give area code)	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loans and Grants		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Plumas Eureka Development, Plumas County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant 7 Improvement Project	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project Same	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 573,896.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 573,896.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Ivan	Middle Name	
Last Name Gossage		Suffix	
b. Title General Manager		c. Telephone Number (give area code) 530-836-1953	
d. Signature of Authorized Representative		e. Date Signed 4/30/04	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier X 98927101
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Central Valley Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Karen Larsen (916) 464-4646	
6. Employer Identification Number (EIN): 68--0281986 D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: ____ New ____ <input checked="" type="checkbox"/> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> ____ <u>C</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and and Special Purpose Grants		11. Descriptive Title of Applicant's Project: The long-term objective of this program is to bring the Sacramento River and its tributaries into compliance with appropriate water quality standards for toxic pollutants and thereby protect beneficial uses.	
12. Area Affected by Project: (cities, counties, states, etc.)			
13. Proposed Project: Start Date End Date 5/15/99 12/31/05		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$52,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$52,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 3, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

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